Housing Authority of the City of Ogden (HACO)
1100 Grant Ave, Ogden, UT 84404 Tel: (801) 627-5851|Fax: (801) 627-6012|Email: OHA@xmission.com

INSTRUCTIONS

The following waiting list will be closed to new applicants as of May 5, 2026 and will not open until further notice.

- **HOUSING CHOICE VOUCHER PROGRAM (SECTION 8 VOUCHER)**

The following waiting lists will be closed to new applicants as of June 24, 2025 and will not open until further notice.

- **MAINSTREAM VOUCHER – NON-ELDERLY DISABLED**
- **EVERGREEN APARTMENTS**
- **MONROE APARTMENTS**
- **REVELLE APARTMENTS**

- If you or anyone in your family is a person with disabilities, and you require a specific reasonable accommodation in order to fully utilize our programs and services, please contact the housing authority**.**
- **Complete the application in blue or black ink. *Your information is important to us*, Please PRINT Clearly**
- **All adults (persons 18 or older) must sign the application.**
- Upon receipt, your application will be placed on a waiting list based on date and time and any preferences.
- **NOTIFY US OF ALL CHANGES: You are responsible to notify this agency in writing when there is a change in your family composition or address changes. This agency will notify you in writing when your name is near the top of the waiting list. If you do not respond to that letter, your application will be removed from the waiting list and you will be required to reapply.**
- Please provide *good information to include phone numbers* ***and*** *email addresses* to allow alternate contact.
- If you wish to check on the status of your application in the future, you may visit our office with a Picture Identification or you may call. If you call, we will verify your identification with your social security number.

Who is eligible to receive rental assistance?

An eligible applicant must qualify as a family. *Family* as defined by HUD includes, but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status, a single person, who may be an elderly person, disabled person, near-elderly person, or any other single person; or a group of persons residing together. In addition, qualify on the basis of citizenship or the eligible immigrant status of family members.

The HACO must determine that the current or past behavior of household members does not include activities that are prohibited by HUD or the HACO policy. HACO does check for criminal history and sex offender list to include any prior debt owed to HACO or other federal housing programs.

A family's income must not exceed:

(These Income Limits are changed and published annually by HUD.)								
Number of Persons who will live in unit:	1	2	3	4	5	6	7	8
Annual Income limits ($) for 75% of new Section 8 vouchers	24,750	28,300	31,850	35,350	38,680	44,360	50,040	55,720
Annual Income limits ($) for Public Housing & 25% of new Section 8 vouchers	41,300	47,200	53,100	58,950	63,700	68,400	73,100	77,850

What income is used to determine eligibility? All income from all sources received by all family members who are 18 and older to include gross wages, SSI, SSA, pensions, unemployment benefits, interest, dividends, TANF, child support, income received on a recurring basis to sustain life, etc. Applicants are required to report all income received within the household.

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How much rent will I pay? Your portion of the rent will be based on a minimum of 30% of your adjusted income, no less than $50. The agency calculates all of your countable annual income less any required deductions.

What happens after I turn my pre-application in?

Your pre-application will be placed on a waiting list, based on any preference you are eligible for and based on date and time of application.

Once your name is near the top of the waitlist, you will be notified by U.S. postal mail with a letter to provide the form, *Authorization to Release Criminal History*. Once received, HACO will screen for criminal activity, debts owed to housing authorities, and sex offender list. If cleared, a follow-up letter will be sent for additional documentation to include the following:

- Income Documents, Family Composition, Waiting List Preference Verification, and Citizen Eligibility.
- Provide Social Security Cards for ***all*** household members have been received.
- Provide Birth Certificates for ***all*** household members.
- Other documentation as required for housing assistance.

It is important to start to gather social security cards, birth certificates, ID cards now to have ready when your name nears the top of the waiting list**.** You will be provided 15 days to return all required documents.

SECURITY DEPOSIT: We encourage you to be mindful of the security deposit as these amounts vary and are a requirement prior to moving into a housing unit. You will be responsible for any security deposit required by the owner/landlord as a result of tenancy. HACO does not pay the security deposit.

PLEASE NOTE: Owners and Landlords of Section 8 programs (Section 8 Voucher, VASH, Mainstream, Project Base Voucher, etc.), and Shelter Plus Care have their own screening process (Criminal Background and Landlord References, etc.) to determine tenancy. In addition, Owners and Landlords may charge an application fee.

Please keep this receipt as your copy of receipt of your application as of today's date:

APPLICANT NAME: _____ LAST 4 OF SOC SEC # _____

☐ HOUSING CHOICE VOUCHER ☐PUBLIC HOUSING

☐LOMOND VIEW RETIREMENT APTS.

DATE STAMPED BY HOUSING AUTHORITY OF THE CITY OF OGDEN: _____

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EQUAL HOUSING OPPORTUNITY

PLEASE ***PRINT IN BLACK OR BLUE INK*** - ***Your information is important to us, Please PRINT Clearly***

LIST THE FOLLOWING INFORMATION FOR EACH PERSON WHO WILL LIVE IN YOUR HOUSEHOLD

LAST NAME	FIRST NAME	MI	Relationship (Spouse, Daughter, etc.)	SEX (F or M)	DISABLED (Yes or No)	Social Security Number	Date of Birth	Birth Place	U.S. Citizen (Yes or No)
			Head of House						
			Spouse						

Ethnicity (check one box): ☐ Hispanic/Latino, ☐ Not Hispanic/Latino *Racial and ethnic data for statistical purposes only*

Race: ☐White ☐Black/African American ☐American Indian/Alaska Native ☐Asian ☐Native Hawaiian/Other Pacific Islander

Please provide good contact and alternate contact information. *Please Print Clearly*

Address: **City:** **State:** **Zip:**

Are you currently homeless? _____ If yes, how long have you been homeless? _____

Should correspondence be sent to the address above? _____ If No, please provide a correspondence address here: _____

Telephone/Email and/or Alternate Address where you may be reached: **#1**: _____, **#2**: _____

#3: _____**, Email 1**: _____, **Email 2**: _____

Alternate Address: _____

List total gross income (before taxes) and payments received by each family member age 18 and older for wages, military pay, pensions, social security, SSI, TANF, general assistance, child support, business, profession or any other source. Includes payments made to family members 18 or older on behalf of other family member under age 18.

First Name	Gross Income	How Often				Type of Income
	$	☐Weekly	☐Every 2 Weeks	☐Monthly	☐Yearly	
	$	☐Weekly	☐Every 2 Weeks	☐Monthly	☐Yearly	
	$	☐Weekly	☐Every 2 Weeks	☐Monthly	☐Yearly	
	$	☐Weekly	☐Every 2 Weeks	☐Monthly	☐Yearly	

Is anyone in your household self-employed? No ____ Yes ____ If yes, complete the following:

Who is self-employed?	Name or Type of Business	Earnings Year to Date

List total cash value and total income received for assets owned by all family members.

Type of Asset	Cash Value of Asset	Income Received from Asset
Checking Accounts	$	$
Savings Accounts	$	$
Stocks, Bonds, CDs, Investments	$	$
Real Estate	$	$
Other:	$	$

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Please Note, the Housing Choice Voucher Program (SECTION 8 VOUCHER) waiting list is closed as of May 5, 2026.

Please Note, the Mainstream Voucher, Evergreen Apts., Monroe Apts., and Revelle Apts. waiting lists are closed as of June 23, 2025.

Please accept this application for following programs: (Check all programs that you want to apply)

☐ **PUBLIC HOUSING** – Subsidized Units *owned by HACO* within Ogden City. Rent is based on 30% of your income.

☐ **LOMOND VIEW RETIREMENT APARTMENTS –** (*Elderly* - 62 and older)**,** 620 Grant Ave. Ogden**:** *(9 Subsidized Units – Rent is based on 30% of your income).*

Local Preferences

HACO has the following waitlist preferences for the Section 8 Housing Choice Voucher and Public Housing. Please check all that apply to your current circumstance.

☐ Families that reside in, working in, or who have been notified that they are hired to work in Ogden City, Utah.

Place of employment: _____ Address: _____

☐ Families displaced by fire (***excluding tenant caused fires***), flood or storm or other government natural disaster within Ogden City. Such displacement must be recent and continuing; the displacement must have occurred within the last three months of the requested preference and must be verifiable by Red Cross or other government agency. Family must meet all eligibility requirements.

☐ Successful participants of a "transitional" housing programs which the agency has enacted a memorandum of understanding (MOU).

Verifications: The family must qualify for the preference at the time of application and at the time when the family is selected from the waiting list. The family must provide proper verification for preferences. If a preference cannot be determined the family will be placed on the waiting list in a non-preference status according to the date and time of the original application.

APPLICANT CERTIFICATION

PLEASE NOTE: All Adult Members of the Family, 18 and older, on this application must read this Certification and sign below.

REQUIREMENT TO UPDATE AND COOPERATE: I understand that I will be required to update and verify this information prior to being offered any housing assistance. I understand that I am required to report any changes in family composition and contact information (address, phone) **in writing**. Failure to report all changes in writing will cause your application to be withdrawn from the waiting list. I understand that I am required to supply all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completion and execution of all required forms and releases. I understand that failure to cooperate or provide correct information may lead to either delays or denials of assistance.

INFORMATION SUPPLIED IS TRUE AND COMPLETE/SHARING OF INFORMATION: I certify that all the information provided on this pre-application is accurate and complete to the best of my knowledge. I have reviewed my pre-application form and certify by my signature below that the information shown is true and correct. I understand that this information may be shared with other government agencies. I understand that this is a pre-application, not a contract and does not bind either party.

WARNING! Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly making false statements or misrepresentations to any department of agency of the United States.

_____	_____	_____	_____
Household Signature	**Date**	**Spouse or Other Adult Signature**	**Date**
_____	_____	_____	_____
Adult Family Member Signature	**Date**	**Adult Family Member Signature**	**Date**

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AUTHORIZATION TO RELEASE CRIMINAL HISTORY

Each **adult family member, 18 and older, must complete the following information:**

- **FULL NAME:_____ Social Security #: _____**
- **Date of Birth: _____ State Photo ID #: _____, Issuing State: _____**
- **Other Names You May Have Gone By: _____**
- **Have you or any member of your household served in the military ☐ Yes or ☐ No If so, who_____**
- **Have you been arrested, plead guilty or convicted of any crime during the last 4 years? ☐ Yes or ☐ No**
- **If yes, please state the date, the crime and the jurisdiction: _____**

  _____
- **Are you subject to a registered sex offender registration requirement in any state? ☐ Yes or ☐ No**
- **You must list all of the Counties/States you have resided in over the last ten (10) years:**

County	State	Years of Residency		County	State	Years of Residency

I hereby authorize, and hold harmless, any and all legal jurisdictions contacted to release any and all information relating to my criminal background or lack thereof to the Ogden Housing Authority.

_____ _____

Signature Date

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Signature Date